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Bib Data Sheet

CONFIRMATION NO. 3067

<b>SERIAL NUMBER</b> 09/774,401	<b>FILING DATE</b> 01/30/2001 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Albert D. Edgar, Austin, TX; Douglas E. Corbin, Austin, TX;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/180,014 02/03/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> SIMON, GALASSO & FRANTZ PLC. P.O. Box 26503 Austin, TX 78755-0503				
<b>TITLE</b> Photographic film having time resolved sensitivity distinction				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**CONFIRMATION NO. 3067**

SERIAL NUMBER 09/774,401	FILING DATE 01/30/2001  RULE	CLASS 358	GROUP ART UNIT 2626	ATTORNEY DOCKET NO.
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APPLICANTS

Albert D. Edgar, Austin, TX;

Douglas E. Corbin, Austin, TX;

*No* *Yes*  
 \*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/180,014 02/03/2000

*none*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/26/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u><i>mt</i></u> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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TITLE  
 Photographic film having time resolved sensitivity distinction

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